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Authorized Signature <u>Valence</u> Rej. No.

Typed or printed name 1/Rebecca Goldman Rudich

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April 20, 2006

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- the Consolidated An						
Fee pursuant to the Consolidated Ap		Application Number	10/779,660			
FEE TRAN	SMITIAL	Filing Date	February 18, 2004			
FOR FY 2005		First Named Inventor	Jin-Cheol Hong			
		Examiner Name	Vijay Shankar			
Applicant claims small entity sta	tus. See 37 CFR 1.27	Art Unit	2673			
TOTAL AMOUNT OF PAYMENT	(\$)1700.00	Attorney Docket No.	8733.361.10			
☑Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):						
METHOD OF PAYMENT (check all that apply)						
Deposit Account Deposit Account Number: 50-0911 Deposit Account Name: McKenna Long & Aldridge						
LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
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•	FILING		SEARCH	FEES	EXAMINA	TION FEES	
		Small Entity		Small Entity		Small Entity	
Application Type	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) 50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 **Total Claims** Fee Paid (\$) Multiple Dependent Claims Extra Claims Fee (\$)

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee Paid (\$)

Fee Paid (\$)

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HP = highest number of independent claims paid for, if greater than 3

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Non-English Specification, \$130 fee (no small entity discount)

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\$1700.00

SUBMITTED BY					
Signature	Valerie P. Haves 53,005	Registration No. (Attorney/Agent)	Telephone (202) 496-7500		
Name (Print/Type)	Rebecca Goldman Rudich()	41,786	Date April 20, 2006		

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